

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
WACO DIVISION

In re: Peter and Theresa Jokola
Debtors

Douglas Leland Barr
Appellant

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CIVIL DOCKET No.: 6:09-CV-133
Appeal to District Court of
Bankruptcy Court's order
entered 4/15/2009

BANKRUPTCY NO.: 02-61097

MOTION TO EXTEND TIME TO
FILE APPELLANT'S BRIEF

APPELLANT'S MOTION TO EXTEND TIME TO FILE BRIEF

Respectfully submitted,

JOSEPH D. OLSON & ASSOCIATES, P. C.

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Attorneys for Appellant

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES Douglas Leland Barr, who files this Appellant's Motion to Extend Time to File Brief, and would respectfully show as follows:

I.

The Appellant's Brief in this case was due on June 15, 2009.

II.

For reason's unknown to appellant's counsel, the due date for appellant's brief was calendared in his office as June 19, 2009. This error was discovered on June 19, 2009 when the order dismissing the case was entered.

III.

Appellant's counsel has experienced chronic health problems over the past month. He was hospitalized from May 21, 2009 through May 26, 2009, remained away from work until June 1, 2009, and was further away from work and under his doctor's care for the week of June 12, 2009 – June 19, 2009. He returned to work today, June 22, 2009. Attached hereto as Exhibit "A" and incorporated herein is counsel's affidavit relating to the facts of his illness.

IV.

Due to his health problems, counsel has not been able to complete the Appellant's Brief. His condition, together with the medications he is on, prevented him from working for any length of time.

V.

In light of his counsel's health problems, Appellant asks this Court to extend the time for him to file his Appellant's Brief up to and including June 29, 2009.

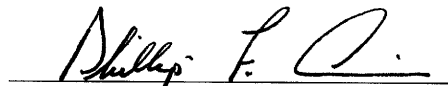
VI.

This is the first extension sought by the Appellant. This extension is not sought for the purposes of delay only, but in order that justice may be done.

WHEREFORE, PREMISES CONSIDERED, Douglas Leland Barr, Appellant, prays that this Court grant him an extension up to and including June 29, 2009 within which to file his brief; Appellant prays for such other and further relief to which he may be entitled and which is just.

Respectfully submitted,

JOSEPH D. OLSON & ASSOCIATES, P. C.

A handwritten signature in black ink, appearing to read "Joseph D. Olson", is written over a horizontal line.

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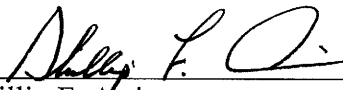
ATTORNEYS FOR APPELLANT

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Appellant's Motion to Extend Time to File Brief was served on the following by certified mail, return receipt requested, in accordance with the Federal Rules of Civil Procedure on the 22nd day of June 2009.

David C. Alford
Attorney at Law
801 Washington, Suite 503
Waco, TX 76701

James H. "Bo" Routh, Jr.
Scott H. James
SCANES, ROUTH & JAMES, L. L. P.
7901 Fish Pond Road, Suite 200
P. O. Box 20965
Waco, Texas 76702-0965



Phillip F. Arrien

STATE OF TEXAS }
 }
COUNTY OF McLENNAN }

AFFIDAVIT

BEFORE ME on this day personally appeared Phillip F. Arrien, who did, upon his oath, depose and say the following:

“My name is Phillip F. Arrien. I am over the age of eighteen (18) years, am of sound mind, have never been convicted of a felony nor a crime involving moral turpitude and am competent to make this affidavit. I am the attorney for the Appellant in the foregoing case. I have read the foregoing Appellant’s Motion to Extend Time to File Brief and hereby verify that all of the factual statements in that Motion are within my personal knowledge and are true and correct.

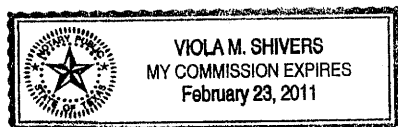
“On May 21, 2009 I was hospitalized through the emergency room at Providence Hospital. It was determined that I was suffering from diabetic ketoacidosis and was severely diabetic. I remained in the hospital until late in the day on May 26, 2009. A redacted copy of the invoice from the Providence Healthcare Network is attached hereto as Exhibit “1”, and incorporated herein, to verify the dates of my hospitalization. On the advice of my doctor, I remained out of work for the rest of that week, returning to the office on Monday, June 1, 2009. Since returning to work, I have experienced several episodes relating to my diabetes that have taken me away from the office.

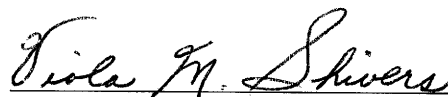
“On June 12, 2009 I was diagnosed with a severe intestinal infection. This condition was extremely painful and was treated with heavy doses of antibiotics, to which I did not react well. As a result of this infection, I was unable to attend work from Friday, June 12, 2009 through Friday, June 19, 2009. My first day back at work was today, June 22, 2009.”



Phillip F. Arrien, Affiant

IN WITNESS WHEREOF I have hereto signed my name and affixed the official seal of my office on the 22nd day of June 2009.





Notary Public, State of Texas

EXHIBIT "A"



Responsible Party:

Phillip Arrien
5132 LAKE SHORE DR
WACO, TX 76710

221

Statement Date: 06/15/09

Patient Name: Arrien, Phillip
Account Number: [REDACTED]
Registration Date: 05/21/09
Discharge Date: 05/26/09

Thank you for choosing Providence Healthcare Network for your healthcare needs.

Our records indicate no insurance for this account, so the **"Amount You Now Owe"** is \$[REDACTED]. If insurance should have been billed for this visit, please notify us immediately. We will bill your insurance as a courtesy.

In an effort to help you pay this account we have discounted your bill by 25%. If your account is paid in full and received in our office by **07/15/09**, you will receive an additional discount of 5%, for a total discount of 30%.

If you have any questions, or would like to discuss alternate payment arrangements, please call our Patients Accounts Department at 254-751-4062, Monday - Friday, between 9 a.m. and 4 p.m.

We hope you will always feel confident in Providence's commitment to your healthcare needs.

NOTE: This statement represents hospital and Emergency Room physician charges only. You may receive additional bills related to this visit from other independent providers.

Summary Of Charges

Cardiac Services	\$ [REDACTED]
Supplies/Devices	\$ [REDACTED]
Laboratory Services	\$ [REDACTED]
Nursing Services	\$ [REDACTED]
Pharmacy	\$ [REDACTED]
Pulmonary Services	\$ [REDACTED]
Radiology Services	\$ [REDACTED]
Room and Board	\$ [REDACTED]
Physician Fees	\$ [REDACTED]
Emergency Department	\$ [REDACTED]

Total Charges:	\$ [REDACTED]
Payments:	\$ [REDACTED]
Adjustments:	\$ [REDACTED]
Uninsured Discount:	\$ [REDACTED]

Amount You Now Owe: \$ [REDACTED]

Please Return Bottom Portion with your payment. (Allow 3-6 days for postal delivery)

Due Date

07/15/09
Arrien, Phillip

Account Number

[REDACTED]

Please write your account number on your check made payable to:
Providence Healthcare Network

Amount Due if **received** in our office on or before 07/15/09 - **\$12,155.15**

Amount Due if **received** in our office after 07/15/09 - **\$13,023.38**



Amount of Payment: _____

Credit Card #: _____

Exp Date: _____

Authorized Signature: _____

Amount Enclosed

[REDACTED]

Send your payment to:

Providence Healthcare Network
PO Box 2589
Waco, Texas 76702

Exhibit "1"